Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10712207

								1 ('	, , , -			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			40				. [RATE	FEE	7	RATE	FEE
FOR			NUMBER	FILED .	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			40 min	nus 20=	<u>* 2</u>	0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			# minus 3 = * /					X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less th				an zero, enter "0" in column 2			l	TOTAL		OR	TOTAL	1216
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	THAN
NTA		CLAIMS REMAINING AFTER		HIGHE NUME PREVIO	EST BER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT A	Total	*	Minus	PAID F	OR	=	ļ	X\$ 9=	FEE	OR	X\$18=	FEE
AME!	Independent	*	Minus	***		=		X43=	91	OR	X86=	
	FIRST PRESE	ENTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
								TOTAL		00	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	01.411.4	-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
	1						L	TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
		^	DDI1. 7 C.L •	,	,							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* '	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CLAIN	=		X43=		OR	X86=	
	rinoi Friese	INTATION OF MIC	LIPLE DEF	FIADEIAI	CLATIVI			+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, nter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										. L	TOTAL DDIT. FEE	
		ber Previously Paid					foun	d in the app	ropriate box	in colu	ımn 1.	